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PTO/SB/30 (06-03)

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| <b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b><br><b>Address to:</b><br>Mail Stop RCE<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number     | 09/888,714   |
|   | Filing Date            | 06/25/2001   |
|   | First Named Inventor   | Johan Smets  |
|   | Group Art Unit         | 1751         |
|   | Examiner Name          | Preeti Kumar |
|   | Attorney Docket Number | CM2380       |
|   | Confirmation Number    | 8782         |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

NOTE: Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- iii. ☐ Other \_\_\_\_\_
- b. Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_

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01 FC:1861 2. Miscellaneous

- a. ☒ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other \_\_\_\_\_

3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.


- ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 16-2480.
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☒ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
- iii. ☐ Suspension of action fee under 37 C.F.R. 1.17(i)
- iv. ☐ Other \_\_\_\_\_

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

|                   |   |                                   |
|-------------------|---|-----------------------------------|
| NAME (Print/Type) | Frank Taffy   | Reg. No. (Attorney/Agent) 52, 270 |
| SIGNATURE         |  | DATE September 15, 2003           |

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

|                         |   |
|-------------------------|---|
| NAME (Print/Type)       | Donita Konrad   |
| SIGNATURE               |  |
| DATE September 15, 2003 |   |

+ This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send Fees and Completed forms to the following address: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Revised for P&G use 6/3/2003)

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| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                            |
|   | Application Number       | 09/888,714                 |
|   | Confirmation Number      | 8782                       |
|   | Filing Date              | 06/25/2001                 |
|   | First Named Inventor     | Johan Smets                |
|   | Examiner Name            | Preeti Kumar               |
|   | Group/Art Unit           | 1751                       |
| <b>TOTAL AMOUNT OF PAYMENT (\$2,200.00)</b>   |                          | Attorney Docket No. CM2380 |

| <b>METHOD OF PAYMENT (check one)</b><br><br>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number 16-2480<br>Deposit Account Name The Procter & Gamble Company<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status: 37 C.F.R. §§1.16 and 1.17  |   | <b>FEE CALCULATION (continued)</b><br><br><b>3. ADDITIONAL FEES</b> |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
|--|---|---|-----------------|----------------|----------|--------------------|------------|----------|-------------------|--------------------|-----------|--------------------|-------|--------------------|------------------------|---|---------------------|-----------|-----------------|--|------------------------|-----------|-----------------------------------|----------|---------------------------------------|-----------------------------------|---|---------|---|---|----------|---------------------------|---|------------|--|---|-----------|--|---|-------------|---|---|----------|--|---|----------|--|---|----------|--|---|------------|--|--------|------------|--|---|----------|------------------|---|----------|--|---|----------|--------------------------|---|------------|---|---|----------|----------------------------------|---|------------|------------------------------------|---|------------|--------------------------------|---|----------|------------------|---|----------|-------------------------------|---|---------|---|---|----------|--|---|----------|---|---|----------|---|---|----------|---|-------|----------|---|---|-----------|---|---|---------------------------|--|---|---------------------------|--|---|---------------------|--|--------------|
| <b>FEE CALCULATION</b><br><br><b>1. BASIC FILING FEE - Large Entity</b><br><br><table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 750</td> <td>Utility filing fee</td> <td>0</td> </tr> <tr> <td>1002 330</td> <td>Design filing fee</td> <td>0</td> </tr> <tr> <td>1004 750</td> <td>Reissue filing fee</td> <td>0</td> </tr> <tr> <td>1005 160</td> <td>Provisional filing fee</td> <td>0</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td><b>(\$0)</b></td> </tr> </tbody> </table>   |   | Code (\$)   | Fee Description | Fee Paid       | 1001 750 | Utility filing fee | 0          | 1002 330 | Design filing fee | 0                  | 1004 750  | Reissue filing fee | 0     | 1005 160           | Provisional filing fee | 0 | <b>SUBTOTAL (1)</b> |           | <b>(\$0)</b>    | <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051 130</td> <td>Surcharge-late filing fee or oath</td> <td>0</td> </tr> <tr> <td>1052 50</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td>0</td> </tr> <tr> <td>1053 130</td> <td>Non-English specification</td> <td>0</td> </tr> <tr> <td>1812 2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td>0</td> </tr> <tr> <td>1804 920*</td> <td>Requesting publication of SIR prior to Examiner's action</td> <td>0</td> </tr> <tr> <td>1805 1,840*</td> <td>Requesting publication of SIR after Examiner's action</td> <td>0</td> </tr> <tr> <td>1251 110</td> <td>Extension for reply within 1<sup>st</sup> month</td> <td>0</td> </tr> <tr> <td>1252 410</td> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>0</td> </tr> <tr> <td>1253 930</td> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>0</td> </tr> <tr> <td>1254 1,450</td> <td>Extension for reply within 4<sup>th</sup> month</td> <td>[1450]</td> </tr> <tr> <td>1255 1,970</td> <td>Extension for reply within 5<sup>th</sup> month</td> <td>0</td> </tr> <tr> <td>1401 320</td> <td>Notice of Appeal</td> <td>0</td> </tr> <tr> <td>1402 320</td> <td>Filing a brief in support of an appeal</td> <td>0</td> </tr> <tr> <td>1403 280</td> <td>Request for oral hearing</td> <td>0</td> </tr> <tr> <td>1451 1,510</td> <td>Petition to institute a public use proceeding</td> <td>0</td> </tr> <tr> <td>1452 110</td> <td>Petition to revive - unavoidable</td> <td>0</td> </tr> <tr> <td>1453 1,300</td> <td>Petition to revive - unintentional</td> <td>0</td> </tr> <tr> <td>1501 1,300</td> <td>Utility issue fee (or reissue)</td> <td>0</td> </tr> <tr> <td>1502 470</td> <td>Design issue fee</td> <td>0</td> </tr> <tr> <td>1460 130</td> <td>Petitions to the Commissioner</td> <td>0</td> </tr> <tr> <td>1807 50</td> <td>Petitions related to provisional applications (37 C.F.R. 1.17(q))</td> <td>0</td> </tr> <tr> <td>1806 180</td> <td>Submission of Information Disclosure Statement</td> <td>0</td> </tr> <tr> <td>1809 750</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td>0</td> </tr> <tr> <td>1810 750</td> <td>For each additional invention to be examined (37 CFR §1.129(b))</td> <td>0</td> </tr> <tr> <td>1801 750</td> <td>Request for Continued Examination (RCE)</td> <td>[750]</td> </tr> <tr> <td>1802 900</td> <td>Request for expedited examination of a design application</td> <td>0</td> </tr> <tr> <td>1454 1300</td> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>0</td> </tr> <tr> <td colspan="2">Other fee (specify) _____</td> <td>0</td> </tr> <tr> <td colspan="2">Other fee (specify) _____</td> <td>0</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2)</b></td> <td><b>(\$0)</b></td> </tr> </tbody> </table> |                        | Code (\$) | Fee Description                   | Fee Paid | 1051 130                              | Surcharge-late filing fee or oath | 0   | 1052 50 | Surcharge-late provisional filing fee or cover sheet    | 0   | 1053 130 | Non-English specification | 0 | 1812 2,520 | For filing a request for <i>ex parte</i> reexamination | 0 | 1804 920* | Requesting publication of SIR prior to Examiner's action | 0 | 1805 1,840* | Requesting publication of SIR after Examiner's action | 0 | 1251 110 | Extension for reply within 1 <sup>st</sup> month | 0 | 1252 410 | Extension for reply within 2 <sup>nd</sup> month | 0 | 1253 930 | Extension for reply within 3 <sup>rd</sup> month | 0 | 1254 1,450 | Extension for reply within 4 <sup>th</sup> month | [1450] | 1255 1,970 | Extension for reply within 5 <sup>th</sup> month | 0 | 1401 320 | Notice of Appeal | 0 | 1402 320 | Filing a brief in support of an appeal | 0 | 1403 280 | Request for oral hearing | 0 | 1451 1,510 | Petition to institute a public use proceeding | 0 | 1452 110 | Petition to revive - unavoidable | 0 | 1453 1,300 | Petition to revive - unintentional | 0 | 1501 1,300 | Utility issue fee (or reissue) | 0 | 1502 470 | Design issue fee | 0 | 1460 130 | Petitions to the Commissioner | 0 | 1807 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | 0 | 1806 180 | Submission of Information Disclosure Statement | 0 | 1809 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 0 | 1810 750 | For each additional invention to be examined (37 CFR §1.129(b)) | 0 | 1801 750 | Request for Continued Examination (RCE) | [750] | 1802 900 | Request for expedited examination of a design application | 0 | 1454 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | 0 | Other fee (specify) _____ |  | 0 | Other fee (specify) _____ |  | 0 | <b>SUBTOTAL (2)</b> |  | <b>(\$0)</b> |
| Code (\$)  | Fee Description   | Fee Paid  |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1001 750   | Utility filing fee  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1002 330   | Design filing fee   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1004 750   | Reissue filing fee  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1005 160   | Provisional filing fee  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| <b>SUBTOTAL (1)</b>  |   | <b>(\$0)</b>  |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| Code (\$)  | Fee Description   | Fee Paid  |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1051 130   | Surcharge-late filing fee or oath   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1052 50  | Surcharge-late provisional filing fee or cover sheet  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1053 130   | Non-English specification   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1812 2,520   | For filing a request for <i>ex parte</i> reexamination  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1804 920*  | Requesting publication of SIR prior to Examiner's action  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1805 1,840*  | Requesting publication of SIR after Examiner's action   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1251 110   | Extension for reply within 1 <sup>st</sup> month  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1252 410   | Extension for reply within 2 <sup>nd</sup> month  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1253 930   | Extension for reply within 3 <sup>rd</sup> month  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1254 1,450   | Extension for reply within 4 <sup>th</sup> month  | [1450]  |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1255 1,970   | Extension for reply within 5 <sup>th</sup> month  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1401 320   | Notice of Appeal  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1402 320   | Filing a brief in support of an appeal  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1403 280   | Request for oral hearing  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1451 1,510   | Petition to institute a public use proceeding   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1452 110   | Petition to revive - unavoidable  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1453 1,300   | Petition to revive - unintentional  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1501 1,300   | Utility issue fee (or reissue)  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1502 470   | Design issue fee  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1460 130   | Petitions to the Commissioner   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1807 50  | Petitions related to provisional applications (37 C.F.R. 1.17(q))   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1806 180   | Submission of Information Disclosure Statement  | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1809 750   | Filing a submission after final rejection (37 CFR § 1.129(a))   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1810 750   | For each additional invention to be examined (37 CFR §1.129(b))   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1801 750   | Request for Continued Examination (RCE)   | [750]   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1802 900   | Request for expedited examination of a design application   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1454 1300  | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| Other fee (specify) _____  |   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| Other fee (specify) _____  |   | 0   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| <b>SUBTOTAL (2)</b>  |   | <b>(\$0)</b>  |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity</b><br><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>0 - 20** =</td> <td>0 x</td> <td>0 = 0</td> </tr> <tr> <td>Independent Claims</td> <td>0 - 3** =</td> <td>0 x</td> <td>0 = 0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>0</td> <td>0 = 0</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 84</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 280</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204 84</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205 18</td> <td>**Reissue claims in excess of 20 &amp; over original patent</td> </tr> </tbody> </table> |   |   | Extra Claims    | Fee from Below | Fee Paid | Total Claims       | 0 - 20** = | 0 x      | 0 = 0             | Independent Claims | 0 - 3** = | 0 x                | 0 = 0 | Multiple Dependent |                        | 0 | 0 = 0               | Code (\$) | Fee Description | 1202 18  | Claims in excess of 20 | 1201 84   | Independent claims in excess of 3 | 1203 280 | Multiple dependent claim, if not paid | 1204 84                           | **Reissue independent claims over original patent | 1205 18 | **Reissue claims in excess of 20 & over original patent | <b>* Reduced by Basic Filing Fee Paid</b> |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
|  | Extra Claims  | Fee from Below  | Fee Paid        |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| Total Claims   | 0 - 20** =  | 0 x   | 0 = 0           |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| Independent Claims   | 0 - 3** =   | 0 x   | 0 = 0           |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| Multiple Dependent   |   | 0   | 0 = 0           |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| Code (\$)  | Fee Description   |   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1202 18  | Claims in excess of 20  |   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1201 84  | Independent claims in excess of 3   |   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1203 280   | Multiple dependent claim, if not paid   |   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1204 84  | **Reissue independent claims over original patent   |   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| 1205 18  | **Reissue claims in excess of 20 & over original patent   |   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |
| <b>SUBTOTAL (3)</b>  |   | <b>(\$ [2200.00])</b>   |                 |                |          |                    |            |          |                   |                    |           |                    |       |                    |                        |   |                     |           |                 |  |                        |           |                                   |          |                                       |                                   |   |         |   |   |          |                           |   |            |  |   |           |  |   |             |   |   |          |  |   |          |  |   |          |  |   |            |  |        |            |  |   |          |                  |   |          |  |   |          |                          |   |            |   |   |          |                                  |   |            |                                    |   |            |                                |   |          |                  |   |          |                               |   |         |   |   |          |  |   |          |   |   |          |   |   |          |   |       |          |   |   |           |   |   |                           |  |   |                           |  |   |                     |  |              |

|                     |             |                                 |                    |
|---------------------|-------------|---------------------------------|--------------------|
| <b>SUBMITTED BY</b> |             | <b>Complete (if applicable)</b> |                    |
| Name (Print/Type)   | Frank Taffy | Registration No.                | 52,270             |
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|                     |             | Date                            | September 15, 2003 |

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